

## University of Groningen

### Can we afford open-ended ICU care? Yes we can, but ...

Arnold, Klaas-Sierk; Tulleken, Jaap E.; Ligtenberg, Jack J. M.; Zijlstra, Jan G.

*Published in:*  
Critical Care

*DOI:*  
[10.1186/cc9267](https://doi.org/10.1186/cc9267)

**IMPORTANT NOTE:** You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

*Document Version*  
Publisher's PDF, also known as Version of record

*Publication date:*  
2010

[Link to publication in University of Groningen/UMCG research database](#)

*Citation for published version (APA):*

Arnold, K-S., Tulleken, J. E., Ligtenberg, J. J. M., & Zijlstra, J. G. (2010). Can we afford open-ended ICU care? Yes we can, but ... *Critical Care*, 14(5), [447]. <https://doi.org/10.1186/cc9267>

#### Copyright

Other than for strictly personal use, it is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), unless the work is under an open content license (like Creative Commons).

The publication may also be distributed here under the terms of Article 25fa of the Dutch Copyright Act, indicated by the "Taverne" license. More information can be found on the University of Groningen website: <https://www.rug.nl/library/open-access/self-archiving-pure/taverne-amendment>.

#### Take-down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

*Downloaded from the University of Groningen/UMCG research database (Pure): <http://www.rug.nl/research/portal>. For technical reasons the number of authors shown on this cover page is limited to 10 maximum.*

## LETTER

# Can we afford open-ended ICU care? Yes we can, but ...

Klaas-Sierk Arnold, Jaap E Tulleken\*, Jack JM Ligtenberg and Jan G Zijlstra

See related review by Crippen *et al.*, <http://ccforum.com/content/14/3/222>

The question whether we can afford open-ended intensive care unit (ICU) care should be answered with 'yes we can, but ...' [1]. The discussion is polarized. The US system will crash because everybody is right when it comes to open-ended care, and in Europe endless care is prohibited or rationed. With polarization, we lose sight of the middle path, where truth and solutions usually are found.

The rationale that it is better to treat 10 non-survivors than not to treat one possible survivor is erroneous. We are not freeing patients destined to die but are condemning them to suffer in the ICU for an indeterminate length of time. For each survivor, many others are harmed. Nobody knows the right balance, and questionable choices are unavoidable. It is our responsibility to make those decisions together with the patient and family. We

now admit many patients who have a bad prognosis. The number of patients dying in the ICU is increasing [2]. Admitting patients who have a 1-year survival of 30% causes harm to 70% [3].

We should educate the public that life and ICU care are not commodities. ICU care has limitations and, without exception, causes harm. We should teach our colleagues that there is no safe side and that we have to have the courage to make decisions. We should also improve end-of-life care. If imminent death is inevitable, we should do our utmost to give the patient a good death [4]. Open-ended care for everybody causes harm to too many and is not affordable. With courage and education, we might avoid both harm and exorbitant cost and be able to provide intensive care for the patients who need it.

### Author's response

David Crippen

Educating the American public as to the 'right thing to do' in health-care management is a moot issue. They have already been educated by other, interested sources. Malpractice attorneys routinely tell patients in the American health-care system that physicians frequently err in the diagnoses they make. The tabloids issue warnings that patients predicted to die wake up later [5]. Politicians opine that feeding tubes are a basic right [6]. Health-care reform, political candidates say, will kill patients in order to save money [7]. So in this environment, educating a patient population by mere physicians is met with resistance.

In the new millennium, America endeavors to join the global medical village and ensure affordable health care for all Americans [8]. This will be impossible using the

country's current open-ended expenditure system. Priorities will have to be established to avoid financial meltdown in an arena in which patients want it all, want it now, and want someone else to pay for it [9].

Citizens who have become experts in gaming resource systems will immediately disarm any subjective prioritizing that is based on 'the right thing to do'. The only way resources can be managed effectively is by setting objective limits on who will be allowed to access the most expensive of our resources. Simply having capriciously optimistic expectations is no reason to be allowed open-ended ICU care. We will have a choice between what is fair and what the public feels entitled to. If we choose the latter, the system will collapse. When that happens, the former will be forced on us and either we'll get used to it or we won't.

\*Correspondence: [j.e.tulleken@icv.umcg.nl](mailto:j.e.tulleken@icv.umcg.nl)

Department of Critical Care, University Medical Center Groningen, University of Groningen, Hanzeplein 1, 9730 EZ Groningen, The Netherlands

### Abbreviation

ICU, intensive care unit.

### Competing interests

The authors declare that they have no competing interests.

Published: 26 October 2010

#### References

1. Crippen D, Burrows D, Stocchetti N, Mayer SA, Andrews P, Bleck T, Whetstone L: **Ethics roundtable: 'Open-ended ICU care: Can we afford it?'** *Crit Care* 2010, **14**:222.
2. Dijkema LM, Ligtenberg JJ, Zijlstra JG, Girbes AR: **Physician staffing models and patient safety in the ICU.** *Chest* 2009, **136**:1443-1444.
3. Tabah A, Philippart F, Timsit JF, Willems V, François A, Leplège A, Carlet J, Bruel C, Misset B, Garrouste-Orgeas M: **Quality of life in patients aged 80 or over after ICU discharge.** *Crit Care* 2010, **14**:R2.
4. Beuks BC, Nijhof AC, Meertens JH, Ligtenberg JJ, Tulleken JE, Zijlstra JG: **A good death.** *Intensive Care Med* 2006, **32**:752-753.
5. **Mother stunned by coma victim's unexpected words.** *Sydney Morning Herald*. 12 July 2003.
6. Stolberg SG: **The Schiavo case: Doctor-politicians; drawing some criticism, legislators with medical degrees offer opinions on Schiavo case.** *New York Times*. 23 March 2005.
7. Weiner R: **Palin: Obama's 'death panel' could kill my Down syndrome baby.** *Huffington Post*. 7 August 2009.
8. Crippen D, Kilcullen JK, Kelly DF (Eds): *Three Patients: International Perspective on Intensive Care at the End of Life*. New York: Springer; 2002.
9. Queen: **I want it all.** On *The Miracle*. New York: Capitol Records; 1989.

doi:10.1186/cc9267

**Cite this article as:** Arnold K-S, et al.: Can we afford open-ended ICU care? Yes we can, but .... *Critical Care* 2010, **14**:447.